OMB APPROVAL

3235-0076

Serial

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

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OMB Number:

Prefix

i	Expires: April 30, 2008
	Estimated Average burden
1	hours per form16.00
	SEC USE ONLY

DATE RECEIVED

	UNIFORM LIM	IITED OFFERIN	G EXEMPTIO	ON	
Name of Offering: 7025, L.P Offering of	of Limited Partner	ship Interests	 		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	■ New Filing	☐ Amendment			RECEIVED
	A. B.	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the iss	uer				// AUG 0 2 7007
Name of Issuer (check if this is an am	endment and name ha	s changed, and indic	ate change.)		1 700
7025, L.P.					The state of the s
Address of Executive Offices	(Number	and Street, City, Stat	e, Zip Code)	Telephone Number (Incl.	uding Area Code) 185
7025 North Scottsdale Road, Suite 230, Scottsd	ale, Arizona 85253	•		(480) 368-1513	
Address of Principal Business Operations	(Number	and Street, City, Stat	e, Zip Code)	Telephone Number (Incl	uding Area Code)
(if different from Executive Offices)					DDCC
Brief Description of Business: To operate a	s a private investr	nent limited partr	nership		PHUCESSED
Type of Business Organization					ALIG O O OOM
☐ corporation		ship, already formed	□ 。	ther (please specify):	AUG 0 8 2007
business trust	□ limited partner	ship, to be formed		• • •	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or O	rganization;	Montl 0		r 7 🗷 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-letter CN for Canad	U.S. Postal Service A a; FN for other foreig		:	р	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•		A. BASIC IDENTI	FICATION DATA		
2. Enter the information	on requested for the fol				
 Each promoter of th 	e issuer, if the issuer h	as been organized within the pa	ast five years;		
 Each beneficial owr 	ner having the power to	o vote or dispose, or direct the v	ote or disposition of, 10% or	more of a class of e	quity securities of the issuer;
 Each executive office 	cer and director of corp	porate issuers and of corporate p	general and managing partners	s of partnership issu	ers; and
 Each general and m 	anaging partner of par	tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
PRESERVATION OF CAPIT.	al Management	, L.L.C. (the "GP" or "Ge	eneral Partner")		
Business or Residence Address	(Number and Street	, City, State, Zip Code)	•		
7025 North Scottsdale Road, S	uite 230, Scottsdale, A	arizona 85253			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	·	,		
Drawn Dari W					
BLAVIN, PAUL W. Business or Residence Address	Alumber and Street	City State 7in Code)			
7025 North Scottsdale Road, S					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
SPALTER, MICHAEL H.	•				
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
88 Williams Street, Providence	Rhode Island 02906				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
				•	Managing Partner
Full Name (Last name first, if i	ndividual)				
					·
Business or Residence Address	(Number and Street	, City, State, Zip Code)	·		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
	·				Managing Partner
Full Name (Last name first, if i	ndividual)				•
Business or Residence Address	(Number and Street	, City, State, Zip Code)	•		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if i	ndividual)				
			•		
Business or Residence Address	(Number and Street	, City, State, Zip Code)		•	•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name / Last name first 'C'	adividual)				Managing Partner
Full Name (Last name first, if i	norvidual)				
Ducinosa o- Danida 4.43	Olumbar and Co.	City State 71- C-1-1			
Business or Residence Address	(Number and Street	, City, State, Zip Code)			•
		. INFORMATION A	ROUT OFFFRING		<u> </u>
		. INFORMATION A	DOUI OFFERING		Yes No
					<u>-</u>

1.	Has the issuer	sold, or do	es the issue	er intend to					_				. 🗆	X
_								umn 2, if fi						
2.	What is the m	inimum in	vestment the	at will be a	ccepted fro	m any indiv	idual?							
• /	,			J	C.1	, ,	. 17	1.1)		Yes	No
*(0)	any lesser				-		-	•			•			·
3.														
4.	solicitation of	purchaser that the SEC is	s in connect and/or with	tion with s a state or s	sales of sec tates, list th	urities in the name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	mission or sim erson or agent listed are assoc	of a broke	er or dealer
Full 1	Name (Last na	me first, if	individual)			 						•		
NON	lE													
	ness or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)								
Nam	e of Associated	Broker or	Dealer					 					· · · · · · · · · · · · · · · · ·	
State	s in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	l Purchaser	<u> </u>							
Juite														
	(Check "All S [AL]	(AK)	eck individ	iual States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		.□ All S ID]	tates
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]		MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY] [PR]	
Full 3	Name (Last na	me first, if	individual)											
							·							
Busi	ness or Resider	nce Addres	s (Numbe	r and Stree	t, City, Stat	e, Zip Code	:)							
Nam	e of Associated	Broker or	Dealer											
State	s in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	s	'						
	(Check "All S	tates" or ch	neck individ	lual States)									☐ All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [ID}	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[VJ] [XX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]		PA] PR]	
Full 3	Name (Last na				1.7.1	10.1	(*-)	[, , , ,	1,44.41	[]	[11.3]	[,,,,]		· · · · · · · · · · · · · · · · · · ·
Busin	ness or Resider	nce Addres	s (Numbe	r and Stree	. City. Stat	e. Zip Code			···		<u> </u>			
			,		•	•	,							
Name	e of Associated	Broker or	Dealer											
State	s in Which Per	son Listed	Has Solicite	ed or Inten	ds to Solici	Purchaser	3			····		·		
							-						 -	
	(Check "All S [AL]	[AK]	ieck individ [AZ]	iuai States) [AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI] [□ Aii Si iD]	ates
	[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	- II I	MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR] [PA]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\precedefa \) and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price (1) Sold (2) Debt Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests. **\$**750,000,000 \$50,000,000 Other (specify) \$750,000,000 \$50,000,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors (2) of Purchases (2) \$50,000,000 Accredited Investors 0 O Non-accredited Investors N/A N/A Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505 N/A N/A Regulation A N/A N/A Rule 504 N/A N/A N/A N/A Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees П **S** -0-Printing and Engraving Costs \$ -0-___

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

\$ 40,000

\$ -0-

\$ -0-

\$ -0-

\$ <u>-0-</u>

X

(1) Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing.

(2) The number of investors may include sales to U.S. and non-U.S. persons. Investment includes contribution of the General Partner.

(3) Reflects initial costs only.

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND US	E OF PRO	CEEDS	
	total expenses furnished in response to Part C - Q	offering price given in response to Part C - Question 1 and uestion 4.a. This difference is the "adjusted gross proceeds		\$ <u>749,960,0</u>	00
5.	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each of e is not known, furnish an estimate and check the box to the sted must equal the adjusted gross proceeds to the issuer set			
			Paymer Office Director Affilia	ers, s, and	Payments to Others
	Salaries and fees		X \$ (4)	·	□ \$
	Purchases of real estate		" \$		□ \$
	Purchase, rental or leasing and installation of mach	ninery and equipment			□ \$
	Construction or leasing of plant buildings and facil	lities	□ \$		□ \$
	Acquisition of other businesses (including the value may be used in exchange for the assets or securities	te of securities involved in this offering that s of another issuer pursuant to a merger)	 \$		□ \$
	Repayment of indebtedness		□ \$		□ \$
	Working capital		□ \$		□ \$
	Other (specify): Fund Investments		- \$		区 \$ <u>749,960,000</u>
	Column Totals		⊠ \$ <u>(4)</u>		\$ \$749,960,000
	Total Payments Listed (column totals added)			図\$ 749,9	060,000
		D. FEDERAL SIGNATURE			
an ui non- Issue	dertaking by the issuer to furnish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of r (Print or Type)	e undersigned duly authorized person. If this notice is filed un ities and Exchange Commission, upon written request of its sta Rule 502. Signature	der Rule 505. aff, the inform	, the followin	ng signature constitutes the heed by the issuer to any
702	5, L.P.	Mi dufall	\/ \	431,	2007
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)		•	
BY:	MICHAEL H. SPALTER	MEMBER OF PRESERVATION OF CAPITAL MANAGE	MENT, L.L.	C.	
	(4) The Investment Manager and af rate more fully described in the Issue	filiates of the Issuer will be entitled to receive inver's confidential offering materials.	estment ma	inagement	compensation at a
	Intentional misetatements or on	ATTENTION issions of fact constitute federal criminal viola	tions (Sec	181190	1001)
		nocione of lact consulate leveral criminal viola		, ,,,,,,,,,,	. 1991./

•								
		E. STATE SIGNATURE						
				Yes	No			
1.	Is any party described in 17 CFR 230.262 presently	subject to any of the disqualification provisions of such rule?						
	Sc	te Appendix, Column 5, for state response. NOT APPLICABLE						
2.	The undersigned issuer hereby undertakes to furnish such times as required by state law.	n to any state administrator of any state in which this notice is filed,	a notice on Form D	(17 CFR	239.500) at			
3.	The undersigned issuer hereby undertakes to furnish	to the state administrators, upon written request, information furnis	hed by the issuer to	offerees.				
4.	(ULOE) of the state in which this notice is filed ar	familiar with the conditions that must be satisfied to be entitled to and understands that the issuer claiming the availability of this exercLICABLE						
The pers		ats to be true and has duly caused this notice to be signed on its beha	If by the undersigne	d duly au	thorized			
lssu	er (Print or Type) Signa	ture	Date					
702	25, L.P.	July July		1,26	400			
		(Print or Type)						
By	: MICHAEL H. SPALTER MEN	MEMBER OF PRESERVATION OF CAPITAL MANAGEMENT, L.L.C.						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

•	·			A	PPENDIX					
1	;	2	3		, <u>, , , , , , , , , , , , , , , , , , </u>	4		:	5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pure	investor and chased in State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK_	ļ 									
AZ										
AR	ļ									
CA		<u> </u>				-				
со				-						
СТ										
DE						_				
DC										
FL										
GA										
HI									1	
ID								1		
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NV		<u> </u>	1		<u> </u>					

, , , ,				A	PPENDIX		v		-	
1		2	3			4		5		
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH							!			
NJ										
NM										
NY										
NC										
ND										
OH										
ОК										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT		<u> </u>								
VT										
VA										
WA										
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PR		ļ								